



**COMMONWEALTH OF KENTUCKY
DEBT ADJUSTER REGISTRATION STATEMENT**

**Office of the Attorney General
Consumer Protection Division
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
Phone: (502) 696-5389
Fax: (502) 573-8317**

ENCLOSED REQUIRED REGISTRATION FEE:
_____ ***\$250.00 Initial Registration, or***
_____ ***\$250.00 Renewal Registration***
[Checks made payable to Commonwealth of Kentucky]

COMPLETE ALL SECTIONS:

1. Name of Registrant:

(Legal name under which business is conducted)

2. Trade name or d/b/a, if any:

3. Registrant's Contact Person: _____
(Name) (Phone No.)

4. Registrant's Principal Business Address:

(Street address) (City) (State) (Zip)

5. Registrant's Mailing Address: (if different from principal address above)

(Street address) (City) (State) (Zip)

6. Registrant's Phone Number: () _____

7. Registrant's Fax Number: () _____

8. Registrant's Agent for Service of Process: _____
(Name)

(Address) (City) (State) (Zip)

9. Where are the records of your Kentucky consumers retained?

____ Principal Business Address ____ Other: _____

10. Structure of your Company:

Registrant is a [check one] :

a. ☐ Corporation incorporated in the state of _____.
Attach a copy of Registrant's Articles of Incorporation. If Registrant is a corporation formed under the laws of a state other than the Commonwealth of Kentucky, **attach** evidence of Registrant's qualification to do business in the Commonwealth of Kentucky.

b. ☐ Limited liability company organized in the state of _____.
Attach a copy of Registrant's Articles of Organization, operating agreement or its equivalent. If Registrant is a limited liability company formed under the laws of a state other than the Commonwealth of Kentucky, **attach** evidence of Registrant's registration as a foreign limited liability company in the Commonwealth of Kentucky.

c. ☐ General partnership or joint venture formed under the laws of the state of _____. **Attach** a copy of Registrant's general partnership or joint venture agreement, as applicable, and Registrant's fictitious or assumed name certificate for its business name, if any. If Registrant is a partnership or joint venture formed under the laws of a state other than the Commonwealth of Kentucky, **attach** Registrant's registration as a foreign general partnership or joint venture in the Commonwealth of Kentucky.

d. ☐ Limited partnership formed under the laws of the state of _____.
Attach a copy of Registrant's limited partnership agreement. If Registrant is a limited partnership formed under the laws of a state other than the Commonwealth of Kentucky, **attach** evidence of Registrant's registration as a foreign limited partnership in the Commonwealth of Kentucky.

e. ☐ Natural person

f. ☐ Other; please specify: _____

11. A description of the services Registrant will sell:

12. Registrant's Fee Schedule:

Fee for Initial Set-Up: _____

Consultation Fee: _____

Service fee or other periodic fee: (specify amount and frequency of charge)

13. On a separate sheet of paper, **provide the following information** for each Officer, Director, Trustee, General Partner, Limited Partner, or Sole Proprietor, as applicable, and any person having management responsibilities in the Registrant's business activities:

Name

Address

Phone #

Title or position held

Ownership interest (percentage)

14. Financial institution(s) and account number(s) in which Registrant will maintain a trust account into which Kentucky consumer funds will be deposited and withdrawn to pay respective creditors: (attach additional page if necessary)

(Name of Institution)

(Complete Address)

(Phone No.)

(Account No.)

15. Attach a sample contract of the Registrant's debt adjuster services with Kentucky consumers.

16. Insurance requirements: (must attach a copy of complete policy, including declarations)

a. Policy issued by: _____
(Name of insurance company or other insurer)

b. Amount of Coverage: \$ _____ (\$100,000 minimum coverage required*)

[*or ten percent (10%) of the monthly average of the aggregate amount of all deposits by all debtors in the preceding six (6) months; but in any event no less than \$100,000 and up to a maximum of \$250,000 coverage]

c. (Required) coverage included for: _____ Errors and Omissions
_____ Employee Dishonesty
_____ Depositor's Forgery
_____ Computer Fraud

d. Insurer's Rating: _____ (minimum of A- or equivalent)

Rating Organization: _____

e. Attorney General named as additional interested party? (required) __ Yes __ No

f. Amount of Deductible: \$ _____ (may not exceed 10% of policy amount)

17. List each state in which the registrant is currently registered or licensed to provide debt adjuster services:

SIGNATURE AND OATH OF REGISTRANT

I HEREBY SWEAR OR AFFIRM THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE REGISTRANT SET FORTH ABOVE, AND THAT THE STATEMENTS CONTAINED HEREIN AND ATTACHMENTS HERETO ARE TRUE AND CORRECT.

(Signature)

(Printed Name)

(Title)

STATE OF _____)

)

COUNTY OF _____)

)

Subscribed and Sworn to by _____, before
me this _____ day of _____, 20____.

(Seal)

NOTARY PUBLIC

My commission expires: _____

***THIS FORM, ACCOMPANYING DOCUMENTATION AND FEE
SHOULD BE MAILED TO:***

**Office of the Attorney General
Consumer Protection Division
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601**

Checks Should Be Made Payable to Commonwealth of Kentucky

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.
